Hospice & Palliative Care Association of New York State

The Reporter

December 2015

A Year in Review

LEGISLATIVE & REGULATORY NEWS

Federal Update

OIG Releases 2016 Work Plan

Each year, the U.S. Department of Health and Human Services Office of the Inspector General (OIG), the organization responsible for detecting and preventing fraud, waste, and abuse and holding accountable those who violate Federal health care laws, issues a report summarizing new and ongoing reviews. This report, referred to as the OIG Work Plan, involves assessing relative risks in the programs for which the OIG has oversight authority, in order to identify the areas most in need of attention and to set priorities for the sequence and proportion of examination.

Reporting program activities related to hospice, the OIG will:

• Assess the appropriateness of hospices' general inpatient care claims and the content of election statements for hospice beneficiaries who receive general inpatient care;

• Review hospice medical records to address concerns that this level of hospice care is being billed when not medically necessary; and

• Review beneficiaries' plans of care and determine whether they meet key requirements.

Additionally, the Work Plan identifies two areas of scrutiny that may have implications for palliative care providers.

• Medicare payments to physicians who make home visits for evaluation and management purposes will come under greater scrutiny in 2016. Physicians are required to document the medical necessity of a home visit in lieu of an office or outpatient visit and OIG will review claims to ensure that visits were reasonable and made in accordance with Medicare requirements.

• Also in the coming year, OIG will determine whether Medicare payments to physicians for prolonged evaluation and management (E/M) services were reasonable and made in accordance with Medicare requirements. Prolonged services are for additional care provided to a beneficiary after an evaluation and management service has been performed. Physicians submit claims for prolonged services when they spend additional time beyond the time spent with a beneficiary for a usual companion evaluation and management service. The necessity of prolonged services are considered to be rare and unusual.

An area of hospice oversight that was discussed in the report, but not included as a work plan measure for 2016, involves examination and oversight of certification surveys (for example, CHAP surveys), and licensure for hospice workers. This area of concern was addressed in greater detail in OIG's Semiannual Report to Congress.

Finally, the OIG proposes to audit work conducted under the Superstorm Sandy Disaster Relief Act, which provided $733.6 million in funding to HHS for use in aiding Hurricane Sandy disaster victims and their communities.

Physician Fee Schedule Final Rule

Advance Care Planning

On October 30, 2015, the Centers for Medicare & Medicaid Services (CMS) published the 2016 Physician Fee Schedule Final Rule. As we previously reported, the 2016 Final Rule establishes two codes by which providers can bill Medicare Part B for Advance Care Planning (ACP) services. They can be used by any practitioner who is entitled to bill Part B independently, provided the services are within their scope of practice. These codes are not to be used for billing Part A hospice physician services, but may be used by palliative care physicians billing under Part B.

In the Final Rule, CMS provided the following parameters for providing and billing for ACP with the caution that further guidance will be issued:

• There are no specific standards, training or quality measures that a provider must satisfy when billing for ACP

• ACP may be provided and billed separately on the same day as an evaluation and management visit.

• ACP must be provided face-to-face. Telehealth visits for ACP purposes are not billable.

• Cost sharing requirements will apply, unless the ACP services are provided in conjunction with the beneficiary's Welcome to Medicare or Annual Wellness Visit.

Chronic Care Management

CMS solicited comments on how Medicare could better account for the resource costs of managing patients long

term and for a more robust interdisciplinary consultation within the current structure of PFS payment. CMS specifically asked for comments on services that could be included in a payment that would go beyond current evaluation and management (E/M) and chronic care management (CCM) codes. CMS also asked whether there are conditions for which it might be appropriate to make separate payment for telephone and internet consult services to pay for collaborations between primary care practitioners (PCPs) and specialists. In addition, CMS sought comments on how beneficiaries could be better protected by ensuring that they are fully aware of the involvement of the specialist in the beneficiary's care and the associated benefits of the collaboration between the primary care physician and the specialist physician prior to being billed for such services. Responses from this request for comments will be used in setting future Physician Fee Schedules.

CMS Announces Major Changes to RAC Program

CMS has awarded a fifth contract for the Recovery Audit Contractors (RAC) program that focuses on home health, hospice and DME providers. The new contract includes many program enhancements, which may ease the burden of a RAC audit. One major change to the program places limits on requests for additional documentation (ADRs). CMS is establishing ADR limits based on a provider's compliance with Medicare rules. Providers with low denial rates will have lower ADR limits while providers with high denial rates will have higher ADR limits. The ADR limits will be adjusted as a provider's denial rate decreases.

Other major changes made to the program in May 2015 include the instructions that RACs must maintain an accuracy rate of 95% and limited the Recovery Auditor look-back period to six months from the date of service for patient status reviews.

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Going forward, CMS is looking to implement a requirement that Recovery Auditors would not receive a contingency fee until after the second level of appeal is exhausted. Previously, Recovery Auditors were paid immediately upon denial and recoupment of the claim. This delay in payment will help assure providers that the decision made by the Recovery Auditor was correct based on Medicare's statutes, coverage determinations, regulations and manuals. Implementation date for this provision has yet to be determined.

CMS Issues Occurrence Code for Untimely Face-to-Face Encounter

CMS recently issued CR 9385, "Processing Hospice Denials When Face-to-Face Encounter is not Received Timely." This RC does not create new policy, rather, it smooths the workings of existing policy for Medicare Administrative Contractors.

Medicare coverage of hospice services requires a face-to-face encounter with a physician to be completed before the third hospice benefit period. If the face-to-face encounter does not occur in a timely fashion, Medicare coverage ends and the hospice must discharge the beneficiary. Once the encounter is complete, a new election of hospice services is required before the beneficiary can be readmitted by the hospice and continue covered services. If a claim is partially-denied because of an untimely face-to-face encounter, there previously existed no mechanism to cause the Medicare system to post a revocation date on the beneficiary's hospice benefit period. This interferes with the hospice's ability to submit a new election when coverage is restored. CR 9385 creates payer-only Occurrence Code 48 which allows for a partial denial and a subsequent new Notice of Election.

False Claims Act Violation Fines Increase

A provision included in the budget deal calls for all civil monetary penalties levied by the government to rise in 2016. Under the Bipartisan Budget Act of 2015, which the president signed into law November 2, civil monetary penalties must be raised to account for inflation no later than August 2016. Penalties for providers accused of fraud under the False Claims Act, which makes it a crime to submit tainted claims to government programs such as Medicare and Medicaid, and which now range from $5,500 to $11,000 per false claim, have not changed since 1999, so the inflation adjustment could mean up to a 40% increase. Although the

fee increase is limited by statute to under 150%, the Act does allow the government to seek triple the amount of the money it lost. Moreover, after the initial adjustment, the Bipartisan Budget Act of 2015 provides for further, automatic annual adjustments without any agency assessment of the need for an increase.

Groups representing nursing homes are especially worried about the prospect of a substantial jump in fines. They have been working to lobby Congress and the Health and Human Services Secretary for relief.

CMS Provides Information on the Part D Recoupment

CMS recently issued the following statement in response to a question addressing Part D plan sponsors recouping money from hospice for drugs paid by the Part D plan during a hospice election period:

"We consider this a coordination of benefits issue and the timeframe for COB is 36 months from the fill date. Sponsors are required to initiate recovery within 45 days from the date they have complete information necessary to make the recoupment request. These timeframes are in regulation at §423.466—Timeframes for coordination of benefits and claims adjustments."

Proposed Rule on Discharge Planning

On November 3, 2015, CMS issued a proposed rule revising the discharge planning requirements that Hospitals, including Long-Term Care Hospitals and Inpatient Rehabilitation Facilities, Critical Access Hospitals, and Home Health Agencies must meet in order to participate in the Medicare and Medicaid programs. This proposed rule implements the discharge planning requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014. The IMPACT Act requires the standardization of Post-Acute Care (PAC) assessment data that can be evaluated and compared across PAC provider settings, and used by providers to facilitate coordinated care and improved Medicare beneficiary outcomes.

Currently, the hospital must arrange for the initial implementation of the patient's discharge plan. The level of implementation of this standard varies widely, leading to inconsistent transitions from the acute care hospital. With CR 3317-P, CMS would implement six new discharge planning standards. The most notable revision would be to require that all inpatients and specific categories of outpatients be evaluated for their discharge needs and have a written discharge plan developed, including specific discharge instructions for all patients. At present, hospitals have some discretion and not every patient receives specific, written instructions. The Proposed Rule also encourages hospitals to develop collaborative partnerships with providers of community-based services to improve transitions of care that might support better patient outcomes.

The revisions requirements for discharge planning outlined in CR 3317-P apply to Hospitals, Critical Access Hospitals and Home Health Agencies. The comment period will close on December 31, 2015.

EPA Publishes Proposed Rule on Disposal of Pharmaceuticals

On September 25, 2015, the Environmental Protection Agency (EPA) published a Proposed Rule entitled, "Management Standards for Hazardous Waste Pharmaceuticals," addressing the disposal of those discarded drugs regulated as hazardous waste under the Resource Conservation and Recovery Act.

EPA is proposing to prohibit facilities from disposing of hazardous waste pharmaceuticals down the toilet or drain. Further, EPA is proposing a conditional exemption for hazardous waste pharmaceuticals that are also DEA controlled substances. Finally, EPA is proposing management standards for hazardous waste pharmaceutical residues remaining in containers.

The Proposed Rule classifies hospice facilities as a "long term care facility," and as such, concludes that hospices should be subject to more stringent disposal requirements, including the stipulation that the controlled substances be combusted at a hazardous waste incinerator, or a municipal solid waste incinerator.

HPCANYS has submitted comments to the EPA on this Proposed Rule.

CMS Releases New Codes for Nursing Visits

On January 1, 2016, CMS will be instituting a Service Intensity Add-on (SIA) payment for skilled visits provided by an RN and/or social worker during the last seven days of a hospice patient's life. HPCANYS and NHPCO lobbied unsuccessfully to include LPNs in the SIA; CMS responded, "during periods of crisis, such as the precipitous decline before death, patient needs intensify and RNs are more highly trained clinicians with commensurately higher payment rates, who can appropriately meet those increased needs."

To differentiate between nursing services provided by an RN and nursing services provided by an LPN, CMS established new codes for RN services (G0299) and LPN services

(G0300). The current single G-code of G0154 for "direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting" will be retired at the end of 2015. Likewise, the new codes, established through CR 9369 will become effective January 1, 2016.

Senate Proposal to Include Hospice in Medicare Advantage

On December 18, 2015, the U.S. Senate Finance Committee's Chronic Care Working Group released a report with dozens of recommendations for improving the quality of care among Medicare beneficiaries with chronic illnesses. One policy change being forwarded by the committee under "Advancing Team Based Care," is a proposal to "carve-in" hospice under Medicare Advantage (MA). Under current rules, the hospice benefit is not covered under MA, but must be separately billed to original Medicare, sometimes requiring the beneficiary to disenroll from MA. The Chronic Care Working Group considers that this practice leads to "either a disruption in care or fragmented care delivery." Including hospice in MA plan benefits has been promoted by the Medicare Payment Advisory Commission (MedPAC) for some time, however, only Congress has the authority to make changes to Medicare.

The Chronic Care Working Group's report contained additional recommendations for individuals living with chronic disease, including an emphasis on receiving a high quality of care in the home, through an expansion of the Independence At Home model of care. The report also examines initiatives in advancing team based care, with a focus on managing multiple conditions, including behavioral health, expanding technology, such as the use of telehealth, and empowering individuals and caregivers in care delivery.

The Working Group will be accepting comments from stakeholders through January 26, 2016. To view the full report, please visit: http://www.hpcanys.org/wp-content/uploads/2015/12/SFC_CCWG_Policy_Options_Paper.pdf.

State Update

NYS Medicaid Payment Model to Mirror Medicare

At the beginning of November, the NYS Department of Health (DOH) issued a Dear Administrator Letter announcing the publication of Medicaid hospice rates for the Federal Fiscal Year 2016. The closing paragraph of the letter also verifies that in accordance with Federal regulations, there will be a change in NYS payment methodology, effective with the January 1, 2016 rate period, however, hospices will not yet be able to bill for the two-tiered rate nor expect the retroactively applied Service Intensity Add-on.

The letter states, "[t]he Department has currently begun working with our Division of Systems in an attempt to get the necessary changes to the eMedny payment system to implement the revised payment methodology." HPCANYS will continue to follow this issue and inform our members when such systems changes are complete.

DSRIP Update

The DOH has released the Year 1, second quarter DSRIP Progress Report, covering activities from July 1 through September 30, 2015. This quarterly report includes details pertaining to the second quarter of DSRIP implementation activities including stakeholder education and engagement, planning and implementation activities, and development of key DSRIP policies and procedures. Here are some of the highlights:

Performing Provider System (PPS) Project Plan Review
The Independent Assessor (IA) conducted an initial completeness review of the 25 PPS's DY1 First Quarterly Reports/Domain 1 & Project Implementation Plans to ensure all of the required information was included in the plans. Following the completeness review, the plans were divided amongst a team of IA reviewers who were responsible for conducting more in-depth reviews and providing feedback on the plans, which was provided to the PPSs on September 8, 2015. These reports will serve as the basis for authorizing and calculating the incentive payments to PPS for achievement of DSRIP milestones based upon approved DSRIP project plans.

Performance Payments
Two DSRIP Performance Fund payments, totaling $96,770,658 were made during the period July 1, 2015 through September 30, 2015. Payments were made on August 24, 2015 to the State University of New York at Stony Brook University Hospital PPS and the Central New York Care Collaborative, Inc.

Regulatory Waivers
New York State Public Health Law authorizes the waiver of regulatory requirements for DSRIP projects and capital projects that are associated with DSRIP projects. According to the quarterly report, the primary source of conditional approval was for the request to waive regulations under Mental Hygiene Law (MHL) Articles 28 (DOH), 31 and 32

(OMH and OASAS), in order to allow the co-location and integration of primary care, mental health and behavioral health services.

Value Based Payments (VBP)

During this quarter DOH continued to convene the VBP Workgroup, a formal group of stakeholders and expansion of the Medicaid Reform Team's Global Cap Work Group. The meetings focused on development of a strategic vision for how the state will effectively transition toward a value based payment model for Medicaid reimbursement. DOH released the VBP Roadmap for public comment on March 2, 2015 and received CMS approval of the VBP Roadmap on July 22, 2105. The Workgroup continues to refine and finalize the Roadmap.

Learning Symposiums

As outlined in the waiver documents, the state is responsible for hosting DSRIP Learning Symposiums. DOH hosted the First Annual Statewide PPS Learning Symposium September 17-18, 2015 in Westchester, NY. The Learning Symposium was attended by over 400 key personnel including representation from the state, CMS, PPS and selected members of the stakeholder community including provider association representation. DOH anticipates hosting multiple PPS Learning Symposiums each year including two regional and one annual Learning Symposium throughout New York to encourage the sharing of best practices.

HPCANYS Establishes DSRIP Coalition

Last spring, HPCANYS began exploring the feasibility of establishing a DSRIP Coalition as part of a strategy to advocate for inclusion of hospice and palliative care in the VBP Roadmap, development of a payment structure for palliative care, provision of capital funding for hospice infrastructure/technology updates, appropriate palliative care metrics and other newly emerging issues.

The Coalition would provide a forum for hospices and palliative care providers participating in DSRIP to share information about their PPS projects, identify projects that could be replicated within other PPSs, and help each other to problem solve. The Coalition could also serve as a sounding board to identify any opportunities for hospice and palliative care within other projects, identify emerging issues to be addressed by the HPCANYS State Legislative/Regulatory Committee and Board of Trustees, assist in articulating and refining key statements to make the case for greater inclusion of hospice and palliative care, and assist with advocacy activities.

Look for more information about their activities as the Coalition begins meeting in 2016.

NYS Task Force on Life and the Law Commemorates 30th Anniversary

The NYS Task Force on Life and the Law celebrated its 30th anniversary this year with a symposium on November 12 at the New York City Bar Association.

The symposium featured a panel discussion entitled, "Thirty Years of Civil Discourse on Difficult Issues," including presentations by Bruce Jennings, Director of Bioethics at the Center for Humans and Nature; Mary Beth Morrissey, member of the Bioethics Committee at the New York City Bar Association; and Arthur Caplan, Founding Director of the Division of Medical Ethics in NYU Langone Medical Center's Department of Population Health.

When Governor Mario Cuomo convened the first meeting in March 1985, discussions centered on do-not-resuscitate orders and brain death; key issues in 2015 include genetic testing, assisted reproductive technologies, and pandemic and disaster response. Some issues, such as organ procurement, continue.

The Task Force is made up of 23 Governor-appointed experts in religion, philosophy, medicine, law, nursing and bioethics, all of whom are leaders in their fields. Many of the Task Force's recommendations have been adopted as legislation or regulation in New York, greatly impacting the delivery of health care in the State. Among them was the Family Health Care Decisions Act enacted in 2010, which enables surrogate decision-making for patients who have not chosen a health care proxy and unexpectedly lose the capacity to make decisions. In addition, Task Force recommendations have informed state laws and regulations on organ donation, brain death, surrogate parenting and health care proxies. Many Task Force recommendations have been embraced by other states as well.

"Isolated Patient" Sample Election of Benefits Form Available

As we previously reported, the Isolated Patient bill amending the Family Health Care Decisions Act, was passed by both the Assembly and the Senate and signed into law by the Governor as Chapter 107 of the laws of 2015. The new law allows the attending physician to elect the hospice benefit on behalf of "isolated" or "unfriended" individuals who lack capacity, have no health care proxy, and have no one who could be named as a surrogate under the Family Health Care Decisions Act.

To assist our members in implementing this new law, the co-chairs of HPCANYS State Legislative/Regulatory

Committee, Brian Gardam and Amy Stern, have developed a sample Election of Benefit (EOB) form. The sample EOB has been added to our Family Health Care Decision Act (FHCDA) Hospice Resource Center. Hospices who are considering using this form are advised to have their own legal counsel review it and make whatever changes they deem appropriate.

The new law also references the role of the ethics committee, in that they must "review the decision and determine that it is consistent with such standards for surrogate decisions." Ethics committee policy and procedure examples are another resource that can be found in HPCANYS' FHCDA Resource Center.

Palliative Care Corner

Palliative Care and the Global Goal for Health Report

This month, the International Association for Hospice and Palliative Care, the International Children's Palliative Care Network, and the Worldwide Hospice Palliative Care Alliance (WHPCA) published, "Palliative Care and the Global Goal for Health" Report.

The Global Goals were adopted by the leaders of 193 UN member states at the UN General Assembly in New York on September 25, 2015. They build on the Millennium Development Goals set in 2000, and consist of 17 Goals plus their accompanying targets. These Goals aim to build a better world by 2030, by ending poverty, promoting prosperity and well-being for all, protecting the environment and addressing climate change. The December report addresses how incorporating palliative care into a worldwide health strategy promotes the Global Goals.

Palliative care is an important aspect of Universal Health Coverage, as well as other targets under Global Goal 3: 'Good health & well-being: Ensure healthy lives and promote well-being for all at all ages', specifically those involving maternal and child mortality, communicable and non-communicable diseases, substance dependence disorder, access to essential medications, and strengthening of the health workforce. The report identifies challenges to a strong focus on palliative care as part of the Global Goals. These include a lack of political will and a global civic movement to promote it, funding challenges, lack of an indicator for monitoring palliative care, the need for integration into primary health systems, and workforce education gaps.

The report calls on global civil society, governments and UN agencies to insist that palliative care be prioritized as part of the new Global Goals. According to the report, governments must create an environment that welcomes citizen advocacy, and people must demand a voice in the local, national and global discussions and empower themselves to work towards equitable access to palliative care as part of the Global Goal for Health.

The full report is available here: http://www.thewhpca.org/latest-news/item/palliative-care-and-the-global-goal-for-health-report

Kathy McMahon Presents to CAPC Conference

On November 12, 2015, Kathy McMahon presented an educational session at the National Seminar for the Center to Advance Palliative Care. The workshop addressed New York State's Palliative Care Collaborative, of which HPCANYS is a founding member.

The presentation traced the recognition of the need for a wider community educational effort to a 2013 New York State Department of Health Cancer Prevention and Control Meeting. Although this event was attended by professionals knowledgeable about cancer, there was a clear deficit in attendees understanding about palliative care. Leaders from HPCANYS and American Cancer Society Cancer Action Network (ACSCAN) recognized the need and engaged in conversation with a mutual desire to take action to support a grassroots movement that will create a critical mass of demand for palliative care. Kathy's session described the launch of the collaborative and its mission and goals with regard to statewide and local outreach and education.

The CAPC National Seminar, held November 12–14, 2015 in San Antonio, TX, is a yearly professional meeting providing comprehensive training in all aspects of planning, implementing, delivering and growing palliative care services. Kathy's presentation was part of a larger intensive session, "Statewide Coalitions and Collaborative Strategies to Improve Palliative Care." Her co-presenters included Tim J. Jessick, DO Palliative Medicine Physician, Aurora West Allis Medical Center and Lyn Ceronsky, MS, DNP, GNP-BC, CHPCA System Director, Palliative Care, Fairview Health Services.

Member News

Amy Stern Rides Honor Flight with her Dad

On October 10, 2015, Amy Stern, Executive Director of United Hospice of Rockland, was able to accompany her dad, Martin Feit on a Hudson Valley Honor Flight. Hudson Valley Honor Flight is a non-profit organization crated solely to honor America's veterans for all their sacrifices by flying the veterans to Washington D.C. to see their memorials, at no cost to the veteran. Top priority is given to World War II veterans and terminally ill veterans from all wars.

The Honor Flight travels as a group and each veteran has a guardian assigned to them on the scheduled group flight.

Hospice of Orange and Sullivan Patient's Story Featured in NHPCO's Moments of Life

NHPCO's Fall *NewsLine* showcased a Moments of Life story told by Hospice of Orange and Sullivan. Their patient, Caroline Prieur Schulz-Chechen, a well-known local artist and teacher wished to have one last art show. Janice Valentine, Director of Marketing and Development, stepped in to make it happen. Janice filmed the event and wrote a blog for Moments of Life, sharing Caroline's story with a national audience. The event was even featured in a local magazine. With the resources of Dawn Ansbro, Executive Director of the Orange County Arts Council, and with the help of many friends, scores of Caroline's sculptures, paintings and sketches were transported to the Yellow Bird Gallery in Newburgh. Although she died 13 days before the opening of "Caroline Prieur Schulz-Chechen: A Retrospective," nearly 700 people came to the gallery to pay their respects and honor Caroline's body of work.

The Moments of Life story can be accessed at: http://www.nxtbook.com/mercury/nhpco/NewsLine_2015Fall/#/48

Kathy McMahon Receives Humanitarian Award from MJHS

At MJHS's November Event Hospice on Broadway, Kathy McMahon was honored with the 2015 Humanitarian Award. This event raises awareness and funds for the full range of hospice services MJHS provides. The evening began with cocktails and dinner at Copacabana followed by inspiring remarks from Burt Esrig, vice chair of the hospice board, and a touching video featuring MJHS patient, Grandma Luk.

Barbara Hiney, EVP of MJHS Hospice and Palliative Care, introduced the night's honorees—Kathy McMahon of HPCANYS and Estee Altman of Infusion Options Inc. Ms. Altman received the Corporate Partnership Award.

MJHS Build a Memory Program Participants Meet Santa and the Nets

In December, the entire Brooklyn Nets team got into the holiday spirit when players surprised 50 Brooklyn children with gifts during a special Season of Giving event at Atlantic Terminal Mall. The 50 4-year-olds, from Duffield Children's Center and Young Minds Day Care Center, each had the opportunity to take a photo with Santa, the Nets Players and their new gifts. In addition, MJHS provided two children with the opportunity to participate in the event as part of the MJHS Build a Memory Program, which offers pediatric hospice and palliative care patients amazing experiences–like this one–while creating enduring memories for their families.

NEW MEMBERS

♦ *Individual Members*

Diane Brennan, New York, NY
Charlene Essabba, W. Hempstead, NY

HPCANYS News

A Message from Incoming President & CEO Tim Nichols

It is with much excitement that I begin my work as President & CEO of HPCANYS. I am deeply humbled and honored in being chosen to lead this wonderful and critically important organization and I thank the Board for its work in preparing for this change in leadership. I especially want to thank Roger Sullivan and Kent Brooks for leading the effort on behalf of the Board in the search for a new President & CEO. It was no small task and required a great deal of time and energy.

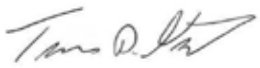
I am also thankful to Kathy McMahon who was able to take the time these last few weeks before her retirement, to mentor me. Kathy introduced me to dozens of people (many of whom have also been so helpful already!) I will be working with at the State and in various provider organizations, friends and former Board members and others. The time spent working alongside Kathy has been invaluable. It made me realize why she is so well-respected and beloved. It also made me and realize more than ever the depth of her knowledge and commitment to HPCANYS and its mission. I do indeed have enormous shoes to fill!

I have also had the opportunity during this time to meet and work with the staff at HPCANYS. The amount of high quality work that is produced by this small team is remarkable. I am extremely fortunate to have such an experienced and dedicated team to work with and rely upon as I begin my tenure here at HPCANYS.

There is much to do as we begin 2016. The work will be challenging but I am inheriting an organization with a solid and strong foundation built from years of hard work and dedication to mission by a visionary Board and Kathy's strong leadership. It is this foundation that will sustain us as we move through this transition; a foundation I am committed to ensuring remains strong and sturdy to meet the challenges and opportunities that await us.

I look forward to meeting everyone in person and welcome you to contact me anytime on any matter of concern. Until then, have a happy, safe and healthful New Year!

Sincerely,



A Message from Outgoing President & CEO Kathy McMahon

Gratitude. Forgive me for stealing the title of the great Oliver Sacks' final book, but it's so incredibly appropriate as I write my last piece for *The Reporter*. I'm sincerely grateful for the 15 years I've had as your President & CEO. I'm grateful for the support of the talented and committed Boards of Trustees I've served over the years. I'm grateful to have been of service to our members and the patients and families they serve. I'm grateful for the opportunities to work with so many valued partners. And I'm grateful to have been part of the HPCANYS team—Beth Mahar, Kimberly Connell, Iryth Ferrandino and Debra Harrington. Most of all I'm grateful to have played a small role in carrying forward HPCANYS' Mission: *To promote the availability and accessibility of quality hospice and palliative care for all persons in New York State confronted with life-limiting illness.*

I know that Tim Nichols will carry forth the Association's vision that all persons who are seriously ill receive a full spectrum of care to maximize their quality of life according to their own values, goals and preferences.

Hospice and Palliative Care will always have a place in my heart, and I sincerely thank you for allowing me join you on this journey.

With genuine gratitude,

Peer Talk

HPCANYS Partnership with Relias Learning – A New Member Benefit

To bring even greater value to all our members, HPCANYS has recently formed a partnership with Relias Learning, a leader in online training and compliance solutions for the healthcare market.

Relias Learning provides an online training solution for senior care, health and human services, intellectual and developmental disabilities, law enforcement and correctional facilities. Relias offers unrivaled content, provides the ability for customers to create unique content including live training, and allows for the demonstration of skill and performance, all in a singular, powerful learning management system.

HPCANYS members will be offered specialized rates on its Hospice, Palliative Care and Intellectual and Developmental Disability Training. Their catalog contains over 300 courses, including 25 Continuing Education hours for NY social workers and the full ELNEC continuum. They also offer 12 training courses for all volunteers. These courses are designed to improve competency and performance in a hospice and palliative care setting.

Relias Learning will also provide a special limited time promotion to HPCANYS members that newly subscribe to the Relias Learning Management System (RLMS). HPCANYS members will receive an instant $500 deduction from the one time implementation fee. This promotion will run through January 31, 2016.

To schedule a time to speak with a representative, visit: http://go.reliaslearning.com/demo-request-age.html?MarketingDemoSource__c=HPCANYS-Promo.

Nominations for Hastings Center Cunniff-Dixon Physician Awards

These awards are given each year to five deserving physicians in recognition of clinical contributions and commitment to the cause of end-of-life medical care. Prizes in the amount of $25,000 will be awarded to one senior physician and one in mid-career who have demonstrated an exemplary commitment to patients near the end of life through their doctoring, research, and/or service to their community. Three additional awards in the amount of $15,000 will go to early-career physicians. Nominations are being accepted through December 31. Learn more at physicianawards.org.

Alzheimer's Disease Facts and Figures

Alzheimer's Disease is the sixth leading cause of death in the United States. Last month, the Alzheimer's Association released their 2015 Facts and Figures Report. The Report addresses the prevalence of the disease, mortality and morbidity, caregiving issues, use and costs of health care and long term care and hospice.

Some facts of note from the report:

• One in nine people aged 65 and older has Alzheimer's disease

• Almost two-thirds of Americans with Alzheimer's disease are women

• Older African-Americans are about twice as likely to have Alzheimer's and other dementias as older whites and Hispanics are about one and one half times as likely to have Alzheimer's and other dementias as older whites

Because of the increasing number of people age 65 and older in the United States, particularly the oldest-old, the annual number of new cases of Alzheimer's and other dementias is projected to double by 2050.

Although Alzheimer's is officially listed as the sixth leading cause of death in the United States, one in three seniors who die in a given year has been diagnosed with Alzheimer's or other dementias.

In New York State, the annual mortality rate attributed to Alzheimer's disease is 13 per 100,000, which is far below the national average of 27 per 100,000 people.

People aged 65 and older survive an average of 4 to 8 years after a diagnosis of Alzheimer's disease

Nursing home admission by age 80 is expected for 75% of people with Alzheimer's compared with only 4% of the general population.

Total payment for health care, long term care and hospice are estimated to be $226 billion in 2015 for people with Alzheimer's disease and other dementias.

More than twice as many individuals with the disease were receiving hospice care at the time of death in 2009 than in 2000 (48% in 2009 versus 20% in 2000).

Average per-person hospice care payments for beneficiaries with Alzheimer's disease and other dementias were 10 times as great as for all other Medicare beneficiaries ($1,925 per person compared with $188 per person).

To read the full report, please visit: https://www.alz.org/facts/downloads/facts_figures_2015.pdf

CALENDAR OF EVENTS

HPCANYS Sponsored Events

Webinar: Hot Topics in RAC, ZPIC & MIC Audits and Appeals
January 7, 2016 3:00pm - 4:30pm

Webinar: Medicare Part D and Hospice: Where Are We Now?
January 14, 2016 3:00pm - 4:30pm

Webinar: The Assisted Living/Hospice Relationship: Establishing and Maintaining a Successful Partnership
January 21, 2016 3:00pm - 4:30pm

Webinar: Keeping Our Promises! Getting Beyond Medical Model/Problem-Focused Care
January 28, 2016 3:00pm - 4:30pm

2016 Webinar Series: Take advantage of special series pricing!
2016 Compliance Series–5 parts
Top Compliance Issues February 4
Compliance for the Hospice Aide and Nurse March 3
Compliance for Social Workers and Chaplains April 14
Compliance for Bereavement Staff May 12
Compliance for Volunteer Staff June 23

2016 Productivity Series–3 parts
Managing for Productivity February 11
The Shape of the Visit February 25
Documentation: An Integral Part of the Visit March 10

Thoroughbred Champions of Hospice & Palliative Care–HPCANYS' 36th Annual Interdisciplinary Seminar & Meeting
April 1, 2016
Gideon Putnam Hotel, Saratoga Springs, NY

For information on any HPCANYS-sponsored program, contact Debra Harrington, Administrative Assistant, or Beth Mahar, Director of Member Services at 518-446-1483.

Other Events of Interest

NHPCO's 31st Management & Leadership Conference
Preconference Dates: April 19-20, 2016
Main Conference Dates: April 21-23, 2016
Gaylord Nat'l Resort & Conv. Ctr., Nat'l Harbor, MD

LeadingAge NY Annual Conference & Exposition
May 23-25, 2016, Saratoga Springs, NY

Media Review

No Mission, No Margin

by Patrice C. Moore, RN, BSN, MSN, ARNP
Advantage Media Group, 134 pages

Hospice regulations have become more stringent and scrutiny has become more intense. More and more leaders have turned their focus to documentation and the bottom line and away from the mission of the work. Patrice "Patti" Moore, President and Founder of the Watershed Group, a strategic consulting company, has published *No Mission, No Margin* as a guidebook for managers, board members and other operational executives to build profitable financial plans that focus on patients and families.

In her book, Ms. Moore examines what are the nuts and bolts of creating a corporate culture that supports the core values of hospice work. The first step, she writes, is to "create a culture of care." Throughout the book, she examines such topics as for-profit versus non-profit models, staffing, recruiting executive level management, working with volunteers and volunteer Boards, thriving in a competitive environment and the advantages and disadvantages of facility-building. Finally, Ms. Moore exhorts her readers that the way to achieve success is to never lose sight of the key concepts of hospice care: wholeness, dignity, respect and empowerment.

Hospice & Palliative Care Association of New York State

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